

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98922 Office of Registrar of Vital Statistics. Ward 2¹/₁

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th, 1887
Full Name of Deceased, Katharine Goras
Sex, Male or Female, Female
Age, 6 Months, Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, City
Birth Place, Since Birth
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, 411 S Caroline St
Cause of Death, Pneumonia
Duration of Last Sickness, Two weeks
Place of Burial, St. Alphonsus Cemetery
Date of Burial, March 31 87
Undertaker, John H. Rehberger M. D.
Place of Business, 1792 E. E. St. Address, 1709 Alice St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98923

Office of Registrar of Vital Statistics.

Ward

1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rosalie Stein

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

68 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

{ Give Street and Number. }

2321 Essex St

Cause of Death,

{ First (Primary),

Second (Immediate),

Asthma
Pneumonia
5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

1st Evangelical cong.

Date of Burial,

March 30th 1887

Undertaker,

H. Sander & Son

John H. Reckert M. D.

Medical Attendant.

Place of Business,

1710 Canton Ave

Address # 1709 Alce Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98924 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A FOLDER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Adams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 36 Years, Months, Days.

Color, Negro

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give Street and Number. } 112 Greene St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, A.A. Co. Md

Date of Burial, March 31st 1887

{ Undertaker, Peter Savits } J. H. Chisum M. D.

Medical Attendant.

{ Place of Business, Capitol } Address, 200 Maryland St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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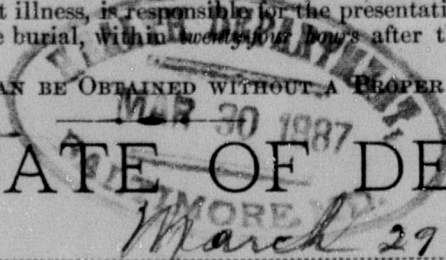
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98925 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Eoyll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give Street and Number. } Co. Lombard St # 1013

Cause of Death, { First (Primary), Second (Immediate), } Disease of the heart

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 1st 1887

{ Undertaker, Geo. A. Cook } L. G. Sparrow M. D. Medical Attendant.

{ Place of Business, 1013 W. Baltimore St } Address, Coroner

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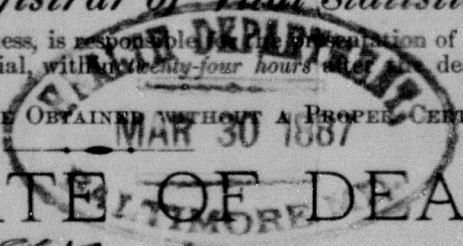
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98926 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Mar 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Myrtle Hopwood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 8 Months, Days.

Color, whit

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } old no. 157 W. Townsend St

Cause of Death, { First (Primary), Diphtheria Second (Immediate), }

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 31st 1887

{ Undertaker, M. Cadogan } B Lane Danvers M. D. Medical Attendant.

{ Place of Business, 22nd Mulberry } Address, 922 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98927 Office of Registrar of Vital Statistics. Ward 3 ¹¹/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, Mar 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcella Green

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, 9 Months, Days

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 118 S Caroline st

Cause of Death, { First (Primary), Second (Immediate), } Consumption
Exhaustion

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 31

Undertaker, John E Grace

Place of Business, 113 S. Caroline st Address, 10 53 N B. Cross

A Z Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition. (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98928 Office of Registrar of Vital Statistics.

Ward 16ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 30/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Voght

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years, _____ Months, _____ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, { Give Street and Number. } old 407 W. Roanoke Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, Two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 1/1887

Undertaker, James M. D.

Place of Business, 201 N. Lombard St. Address, 805 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. 98929 Office of Registrar of Vital Statistics. Ward 20th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 30 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Stephenson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 Years, _____ Months, _____ Days.

Color, _____

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Stone Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 529 - Mores St -
Encephalitis

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 - day's

All the above information should be furnished by the Physician.

Place of Burial, Marion St. Graves

Date of Burial, April 1st 1887

{ Undertaker, Martin Baker } [Signature] M. D.
Medical Attendant.

{ Place of Business, 126 W. Lombard St } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4612 Transit [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98930 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30, 1887

Full Name of Deceased, Florence A Thomas
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 21 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1533 Light St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis (Tubercular)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, April 1st 1887

Undertaker, Julius Koehler Thos. Cooke M. D. Medical Attendant.

Place of Business, Sharp & Coars Address, 578 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James D. Henry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 19 Years, 3 Months, 14 Days.

Color, ed Sex, ✓

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, school-boy

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 524 W. Biddle St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis (acute)

Duration of Last Sickness, About 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem Thomas E. Sears, M. D.

Date of Burial, Apr 1st 1887 Medical Attendant.

{ Undertaker, Alex. Hensley Address 411 N. Greene St

{ Place of Business, 561 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]